

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027515

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 18 1962

## 1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN CarthageLength of stay in 1b  
2 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION McCune-Brooks HospitalInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Jasper

c. CITY  
OR TOWN

Carthage

Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS(If outside, give location)  
Route 4Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First  
ELIAB

Middle

Last  
GUTHRIE4. DATE  
OF DEATHMonth  
JulyDay  
12Year  
1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

3-4-1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Cabinet Maker

10b. KIND OF BUSINESS OR INDUSTRY

Cabinet Maker

11. BIRTHPLACE (City and state or country)

Wayne Co Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Alexander Guthrie

13b. MOTHER'S MAIDEN NAME

Maria Cather

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address 602 Park

A Mrs Henry Butts, Joplin, Mo

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Inter Circulatory Failure  
Coronary Occlusion with myocardial infarction  
Arteriosclerosis of Coronary Vessels

INTERVAL BETWEEN  
ONSET AND DEATH  
10 hoursConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-10-62 to 7-12-62 and last saw her alive on 7-11-62  
Death occurred at 8:15 A 7-12-62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

7-14-1962

Oak Hill

CEMETERY

Carthage

Missouri

24. FUNERAL DIRECTOR

ADDRESS

KNELL MORTUARY

Carthage, Mo

25. DATE RECD. BY LOCAL REG.

7-13-62

26. REGISTRAR'S SIGNATURE

E. H. Clinton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 0497

2 0490

3 1

4 0

5 3

6

7 1

8 2

9 420.1

10

11

12 2-0

13 3-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Frank W. Kell*

Licensed Embalmer No. 4440

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.